

## HOSPITALIZATION CASE REPORT / CHICAGO POLICE

1. CLASSIFICATION (Check One)				2. BEAT/LIMIT ASSIGN.		3. BEAT OCCUR	
<input type="checkbox"/> ACCIDENTAL 5089 INJURY	<input type="checkbox"/> ATTEMPTED SUICIDE 5086 NOT IN POLICE CUSTODY	<input type="checkbox"/> SUICIDE 5085 NOT IN POLICE CUSTODY	<input type="checkbox"/> INJURY TO CITY 5088 EMPLOYEE	2524		2533	
<input type="checkbox"/> DEATH 5084	<input type="checkbox"/> ATTEMPTED SUICIDE 5102 IN POLICE CUSTODY	<input type="checkbox"/> SUICIDE 5101 IN POLICE CUSTODY	<input type="checkbox"/> INJURY TO CITIZEN 5087 ON PUBLIC PROPERTY	<input type="checkbox"/> AED USE 5083		<input checked="" type="checkbox"/> MENTAL HEALTH 5079 TRANSPORT	
6. ADDRESS OF OCCURRENCE				7. DATE OCCURRED		8. DATE REPORTING OFFICER ARRIVED	
[REDACTED]				[REDACTED]		05 OCT 11	
9. VICTIM'S NAME				10. HOME ADDRESS		11. HOME PHONE	
[REDACTED]				[REDACTED]		[REDACTED]	
13. PERSON REPORTING INCIDENT TO POLICE				14. HOME ADDRESS		15. HOME PHONE	
[REDACTED]				[REDACTED]		[REDACTED]	
17. PERSON DISCOVERING VICTIM				18. HOME ADDRESS		19. HOME PHONE	
Box 17				[REDACTED]		[REDACTED]	
21. NAMES OF WITNESSES				22. HOME ADDRESS		23. HOME PHONE	
No.				[REDACTED]		[REDACTED]	
25. TYPE PREMISES WHERE OCCURRED/VICTIM FOUND				26. CAUSE OF INJURY (INSTRUMENT OR MEANS)		27. REASON (ACCIDENT, ILL HEALTH, ETC.)	
Residence				290		SERVANT	
28. REMOVED BY				29. REMOVED TO		30. NAME OF MED. EX. AUTHORIZING REMOVAL (DEATH/SUICIDE ONLY)	
CFD Amb 20				OLR Hosp.		DNA	
31. SOBRIETY OF VICTIM (Check One)				32. EXTENT OF INJURIES (Check One)		33. FIRST AID GIVEN BY POLICE <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO	
<input checked="" type="checkbox"/> 1 SOBER <input type="checkbox"/> 2 HBD <input type="checkbox"/> 3 INTOX.				<input checked="" type="checkbox"/> 1 MINOR <input type="checkbox"/> 2 SERIOUS <input type="checkbox"/> 3 FATAL		34. MEDICAL AID REFUSED BY VICTIM <input type="checkbox"/>	
35. NAME AND ADDRESS OF ATTENDING PHYSICIAN				36. PROP. INVENTORY NO.			
[REDACTED]				[REDACTED]			
37. FAMILY MEMBER NOTIFIED (DEATH/SUICIDE ONLY)				NOTIFIED BY		STAR NO.	
[REDACTED]				[REDACTED]		<input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE	
38. AREA DETECTIVE NOTIFIED (DEATH/SUICIDE ONLY)				NOTIFIED BY		STAR NO.	
[REDACTED]				[REDACTED]		39. O.E.C. EVENT NO. 06650	
40. NARRATIVE (THE INDICATED SOBRIETY OF VICTIM OR WITNESSES IS THE APPARENT CONDITION, WHEN REPORTED)							

In Summary: R/O responded to a call of Assist CFD on a 35 YOA male Having A Seizure, AND The male IS ALSO mentally ILL. Upon Arrival R/O's Investigation Revealed Subject to suffer from [REDACTED] AND did not take his medication. Amb CFD on scene Attempted to Have Subject walk to the Ambulance without Assist. Subject was Refusing to Go And As CFD And R/O Physically Attempted to Escort Subject By his Arms, Subject Broke Free AND Aggressively Stood In A Defensive Stand AND

I HAVE READ THIS REPORT AND BY MY SIGNATURE INDICATE THAT IT IS ACCEPTABLE.

☒ CONTINUED ON  
REVERSE SIDE

41. EXTRA COPIES REQUIRED (NO. & RECIPIENT)		42. DATE INVESTIGATION COMPLETED		43. SUPERVISOR APPROVING		STAR NO.	
None		05 OCT 11		[Signature]		1297	
44. REPORTING OFFICER (Print or Type)		45. REPORTING OFFICER (Print or Type)		SIGNATURE		DATE	
[Signature] 18901		[Signature]		[Signature]		05 OCT 11	
SIGNATURE		SIGNATURE		DATE		TIME	
[Signature]		[Signature]		05 OCT 11		1345	

CPD-11.406 (REV. 1/04) RACE CODES: 1 - BLACK, 2 - WHITE, 3 - BLACK-HISP., 4 - WHITE-HISP., 5 - AMER. INDIAN/ALASK. NAT., 6 - ASIAN/PACIF. ISL.

## CONTINUATION OF NARRATIVE

BEGAN SWINGING HIS ARMS AND BANGING THE SIDE OF THE GARAGE  
 1) STATED "I'm NOT GOING ANYWHERE". Bt 25060 OFFICER  
 STAGEN # [REDACTED] DEPLOYED HIS TASER, STRIKING  
 SUBJECT. SUBJECT WAS HANDCUFFED AND SECURED. CFO  
 ALONG WITH OFFICER STAGEN TRANSPORTED SUBJECT TO  
 OUR HOSP. FOR TREATMENT. 2510 NOTIFIED AND  
 ON SCENE, TRR COMPLETED. SUBJECT WAS ADMITTED FOR  
 AN EVALUATION.

I HAVE READ THIS REPORT AND BY MY SIGNATURE INDICATE THAT IT IS ACCEPTABLE

SUPERVISOR'S SIGNATURE

STAR NO.

DATE (DAY-MO-YR)

## FOR USE BY BUREAU OF INVESTIGATIVE SERVICES ONLY

I-UCR OFFENSE CODE <input type="checkbox"/> 1 CORRECT <input type="checkbox"/> 2 REVISED	REV. CODE	METHOD ASSIGNED <input type="checkbox"/> 1 FIELD <input type="checkbox"/> 2 ADMIN. <input type="checkbox"/> 3 SUMMARY	UNIT NO.	OFF. ASSIGNED STAR	DATE ASSIGNED	SUPV. STAR NO.
INVESTIGATIVE FILE <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	VICTIM IDENTIFIERS <input type="checkbox"/> 1 CORRECT <input type="checkbox"/> 2 REV.	VICTIM NO.	REV. NAME	REV. PHONE NO. <input type="checkbox"/> HOME <input type="checkbox"/> BUS.		
REV. ADDRESS				STATUS <input type="checkbox"/> 3 CLRD. CLOSED <input type="checkbox"/> 4 CLRD. OPEN <input type="checkbox"/> 5 EXC. CLRD. CLOSED <input type="checkbox"/> 6 EXC. CLRD. OPEN <input type="checkbox"/> 7 CLOSED - NON-CRIMINAL		
IF CASE IS CLEARED, HOW CLEARED (USE THIS BOX FOR SINGLE CLEARUP OR FIRST CLEARUP OF MULTIPLE CLEARUP LIST) <input type="checkbox"/> 1 ARREST & PROSECUTION <input type="checkbox"/> 2 DIRECTED TO FAMILY COURT <input type="checkbox"/> 3 COMPL. REFUSED TO PROSECUTE <input type="checkbox"/> 4 COMMUNITY ADJUSTMENT <input type="checkbox"/> 5 OTHER EXCEPTIONAL						<input type="checkbox"/> ADULT <input type="checkbox"/> JUV.
REMARKS						

PREPARED BY - SIGNATURE

STAR NO.

DATE (DAY-MO-YR)

APPROVED BY - SIGNATURE

STAR NO.

DATE (DAY-MO-YR)